

SarJoeMc Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 31 October and 2 November 2018. We gave the provider 24 hours' notice as the registered manager is often out of the office and we needed to ensure they would be available during the inspection.

SarJoeMc is a domiciliary care agency, also known as Apollo Care Liverpool. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults living in Liverpool and Knowsley. Services ranged from weekly calls, multiple calls daily and sleep in support. Short term rehabilitation support was also provided which was arranged through the local authority.

Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. SarJoeMc were supporting 42 people in total, but only 26 of these people received personal care. This inspection only looked at the support provided to people who received a regulated activity.

SarJoeMc registered with the Care Quality Commission (CQC) in July 2017 and this was the service's first inspection. The registered provider had changed their address in May 2018 and submitted an incomplete application to change the location address, which was rejected. As a result, we found the location address was not correct at the time of this inspection in October 2018. The registered provider told us they were in the process of submitting another application to ensure the location address was updated.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Feedback regarding the management of the service was very positive.

People told us the support they received from care staff kept them safe and relatives we spoke with agreed. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Staff had completed risk assessments to assess and monitor people's health and safety and actions were taken to mitigate the risks.

There were sufficient numbers of staff recruited to ensure people's needs could be met. However, not all safe recruitment checks were clearly recorded as references were not always from the most relevant people and staff employment history was not always robustly recorded. We made a recommendation about this in the main body of the report.

When people required support with medicines, we found that systems were in place to help ensure this was managed safely.

Staff liaised with other health and social care professionals to ensure that people received the support they needed.

Staff were supported through a comprehensive induction when they started in post. Staff told us they received regular supervisions and that they could go to the registered manager at any time if they had any concerns they needed to discuss. Staff had completed training to enable them to support people safely.

The service was not supporting anybody who had been assessed as lacking capacity to consent to their care and treatment. The registered manager told us they would liaise with the local authority regarding Court of Protection if this was required.

People told us staff were kind and caring and treated them with respect. They also told us staff protected their dignity and privacy. Records relating to the care people received were stored securely in the office to ensure people's confidential information was protected in line with the Data Protection Act.

Care plans guided staff to provide support in ways that encouraged people to be as independent as they could be.

People were supported by the service to communicate effectively, ensure they had their views heard and were provided with information in ways they could understand.

Care plans were very detailed regarding the needs and preferences of the people supported. They clearly reflected what support people wanted and how they wanted it to be provided and their preferred routines. This helped staff get to know people as individuals and provide support based on their preferences.

A system was in place to manage any complaints, although none had been received. People felt any concerns they raised would be taken seriously by the registered manager and addressed.

Staff worked in conjunction with district nurses to support people at the end of their lives. Records showed that staff had recently completed palliative care training to help ensure they could support people effectively at these times.

The service was meeting the Accessible Information Standard (AIS) as steps had been taken to meet the needs of people with sensory loss.

Systems were in place to gather feedback from people and assess the quality and safety of the service.

The registered manager had notified the Care Quality Commission (CQC) of all but one incident that occurred in accordance with our statutory requirements. This meant that CQC would be able to monitor risks regarding the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Not all safe recruitment practices were clearly recorded.

Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had.

Risk assessments had been completed to assess and monitor people's health and safety and actions were taken to mitigate the risks.

There were sufficient numbers of staff recruited to ensure people's needs could be met.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported through a comprehensive induction when they started in post and ongoing training and supervision.

Plans were in place to ensure people's nutritional needs were met.

People had agreed to the plans of care in place to support them.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and treated them with respect and protected their dignity and privacy.

Records relating to the care people received were stored securely.

Care plans guided staff to provide support in ways that encouraged people to be as independent as they could be.

People were supported to communicate effectively.

Is the service responsive?

Good ●

The service was responsive.

Care plans were very detailed regarding the needs and preferences of the people supported and reflected a person centred approach.

Staff assisted people to access services and continue their hobbies.

A system was in place to manage any complaints, although none had been received.

Staff worked in conjunction with district nurses to support people at the end of their lives.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager had not notified CQC of all safeguarding incidents as is required.

The service was being provided from an unregistered location at the time of the inspection.

Feedback regarding the management of the service was positive.

Systems were in place to gather feedback from people.

Audits were completed to check the quality of the service provided and help drive forward improvements.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October and 2 November 2018 and was announced. We gave the provider 24 hours' notice as the registered manager is often out of the office and we needed to ensure they would be available during the inspection. The inspection team included one adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

We used all of this information to plan how the inspection should be conducted.

A Provider Information Return (PIR) is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We had not asked the registered provider to complete this prior to the inspection.

During the inspection we spoke with the registered provider who was also the registered manager, the care manager, three other staff members, three people using the service and three relatives.

We looked at the care files of four people receiving support from the service, three staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People told us the support they received from care staff kept them safe and relatives we spoke with agreed. One relative told us, "[Name] is absolutely safe when they are here."

We looked at how staff were recruited and found that not all safe recruitment checks were clearly recorded. All files contained application forms and photographic identification. References were also available in all the files, however one person's references were not from the most relevant person, such as their last employer. The registered manager told us they had requested the reference but never received it, but assured us they would contact them again.

Full employment history was not available within all files. One person's file did not include any employment history and another contained inconsistent information regarding their previous jobs. We raised this with the registered manager and on the second day of the inspection we saw that gaps in previous history had been explained and recorded.

Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found however, one person's file showed that a new DBS check had not been applied for when they started in post and the check on file had been requested by their previous employer. We discussed this with the registered manager who told us they would apply for a new DBS check straight away.

We recommend that the registered provider reviews and updates its recruitment practices.

Staff were knowledgeable about safeguarding procedures and told us they would not hesitate to raise any concerns they had. A policy was available to guide staff in their practice and records showed that staff had completed training in this area. We found that safeguarding referrals had been made appropriately to the local authority for investigation. Staff said they understood the concept of whistle blowing. Whistleblowing is where staff can raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency and protects people from the risk of harm.

Systems were in place to protect people from discrimination as a range of policies were in place to guide staff. These included 'Race, religion and culture', 'Equal opportunities', 'Service user rights' and 'Bullying and harassment'. Staff signed to show they were aware of these policies. This helped to raise staff awareness and ensure that people were not discriminated against regardless of their age, sex, disability, gender reassignment, marital status, race, religion or belief or pregnancy, as required under the Equality Act 2010.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw detailed risk assessments in areas such as moving and handling, medicines management, environmental risks and fire safety. These included information as to how risk was mitigated, such as installation of smoke alarms and detailed guidance on how staff should support people to reduce

risk of falls. They had been reviewed regularly to ensure they accurately reflected risk to people and how that should be managed.

There were sufficient numbers of staff recruited to ensure people's needs could be met. People told us they knew the staff that supported them and had consistency in the care they received. Without exception people told us staff arrived when they were expected and stayed for the length of the commissioned call. Staff told us they had sufficient allocated time to travel to people's homes throughout their shift. They also told us that their rotas were available in advance and were flexible. For example, if a staff member had a medical appointment, their rotas would be changed to accommodate this, whilst still ensuring people's needs were met.

When people required support with medicines, we saw that care plans were in place to inform staff what support the person required and how the medicines should be stored. Medicine administration records were also completed after medicines had been administered. A policy was available to guide staff in their practice and records showed they had received medicine training and had their competency assessed.

Staff completed infection control training to help ensure they had up to date knowledge in how to prevent the spread of infections. The register manager ensured that staff had access to personal protective equipment such as gloves and aprons and staff confirmed that they always had sufficient equipment available to them.

An accident book was available to record any accidents or incidents that may occur. However, no accidents or incidents had taken place. An accident policy was available to guide staff how to manage any incidents if they were to happen.

Is the service effective?

Our findings

People's needs were assessed before the service started providing support. Care plans were in place to guide staff how to best meet people's needs that the service was responsible for meeting. This varied for each person, but included support with personal care, continence, mobility, medicines, skin integrity and meal preparation.

Records showed that staff liaised with other health and social care professionals when required, to ensure that people received the support they needed. For instance, staff had liaised with an Occupational Therapist to obtain shower equipment for one person and made a referral for a stairlift for another person. When staff reported they felt a person required additional support, the registered manager contacted the local authority to request a new assessment for the person, to ensure their needs continued to be met effectively.

During the inspection we observed the registered manager contact a health professional at a relative's request, to confirm arrangements for the person's next appointment. Staff also supported people to attend health appointments if required.

We looked at staff personnel files to establish how staff were inducted into their job role. We found that all staff completed a mandatory two-day induction where initial training was provided. For those staff who were new to care, they also completed the care certificate. The care certificate is the government's recommended blue print for induction and includes an identified set of standards that care workers must achieve and be assessed as competent by a senior member of staff. Staff told us they shadowed members of the management team, who introduced them to clients when they were first employed to ensure they knew how to meet their needs.

Staff told us they received regular supervisions and that they could go to the registered manager at any time if they had any concerns they needed to discuss. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. The registered manager told us that it had just been 12 months since the first staff were employed, so annual appraisals were due and had been scheduled in for staff once they reached this point.

We looked at the training available to staff. Records showed that staff had completed training in areas such as safeguarding, health and safety, dementia, mental health, privacy and dignity, nutrition, communication and moving and handling. The electronic system alerted staff and the registered manager when training was due to be refreshed.

Staff told us they felt the training was sufficient to enable them to meet the needs of the people they supported. People receiving support agreed and one person told us, "Staff know their jobs." Another person told us they provided training to staff that came to support them to ensure they knew how they wanted to be supported. Regular spot checks were also completed by senior staff and the management team. These included observations of care provision, timeliness, record keeping and staff approach. This helped to ensure staff provided consistent, good quality care that met people's needs.

When staff supported people with meal preparation, there were clear plans in place to help inform them of people's nutritional needs and preferences. For instance, one person's plan clearly reflected they required a diabetic diet and recorded what they preferred to eat and drink.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

The registered manager told us they were not supporting anybody who had been assessed as lacking capacity to consent to their care and treatment. All people we spoke with were aware of the care plan in place and told us they were happy with the plan and the care that they received. However, not all care files showed that people had provided their consent to the plan of care. We raised this with the registered manager and on the second day of inspection they showed us a newly developed consent form that they told us they would share with all people receiving support and request they evidence their consent by signing the agreement.

People who lack mental capacity to consent to their care or treatment, can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA through a Court of Protection order. The registered manager told us they would contact the local authority to discuss the need for a Court of Protection application to be considered by them if a person was unable to consent to their care and had restrictions placed upon them.

Is the service caring?

Our findings

People receiving support from the service told us staff were kind and caring and treated them with respect. People described the staff as, "Lovely", "Can't fault them", "Wonderful", "Nothing is too much trouble", "They are more like friends" and "Couldn't ask for better." Relatives agreed and told us the staff were, "Marvellous" and "Absolutely great."

All the care plans we viewed guided staff to provide support in ways that encouraged people to be as independent as they could be. For instance, one person's personal care plan clearly explained what the person could do for themselves and what they required support with. It reflected that they could wash themselves if staff provided a bowl of water and sponge and staff were only to assist with their back as they could manage the rest themselves.

Many of the people SarJoeMc supported had been assessed by the local authority as requiring short term assistance to enable them to rehabilitate after injury or illness and return to their previous level of ability. Staff in the service were aware of this and provided people with encouragement to achieve their goals. One person's file reflected that staff were to encourage the person to mobilise to the toilet regularly and that their mobility and continence needs had improved since receiving support from the service.

Care plans were written in a way that protected people's dignity and people receiving support agreed that their dignity was maintained at all times. Staff we spoke with clearly explained how they maintained people's privacy and dignity, such as asking for consent, explaining procedures and covering people up when providing personal care. A member of staff told us, "Service users dignity is always first and foremost."

We viewed some of the many compliments cards that had been received from people who had used the service and their relatives. They expressed thanks to staff for the support provided. One card stated, "Thank you for your kind, considered and highly respectful care of [name]." There was also feedback available from a social care professional passing on thanks from family members who advised them they had been very happy with the care provided by the service.

Records relating to the care people received were stored securely in the office to ensure people's confidential information was protected in line with the Data Protection Act. This meant that only people who required access to it, could see it. Records showed that staff had signed confidentiality agreements when they commenced in post, agreeing not to share information about the people they supported. We also saw that staff had completed training in maintaining confidentiality and handling records.

People were supported by the service to communicate effectively, ensure they had their views heard and were provided with information in ways they could understand. Care plans reflected whether people had any visual or hearing impairments and how staff could support people with this. For a person who did not speak English as their first language, staff used a translating app on their phones for basic communication with the person, but had also linked in with a local organisation that provided translation services. This enabled the person to not only communicate their needs and views, but also be involved in decision making

regarding their care and treatment.

The registered manager was aware of advocacy services and told us they would liaise with the local authority if they felt people required this support and would support people to access the local services. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

Is the service responsive?

Our findings

Care plans we viewed were very detailed regarding the needs and preferences of the people supported. Care plans were in place for people in the areas that they required support with and included areas such as personal care, oral hygiene, continence, medicines, nutrition and mobility.

The plans clearly reflected what support staff should provide, how they should provide it and when. One person's plan included details such as where staff should staff during support, such as when assisting people on the stairs. Another person's plan gave clear information as to the equipment needed, how it should be used and when it had last been checked for safety.

People's preferences were recorded within their care files, such as the gender of the carer they preferred to support them, as well as preferred call times, routine, meals and drinks if supported with this. It was evident that care was planned in a person-centred manner and details such as the colour of towels staff were to use for specific tasks were recorded as people's request. One person's plan reflected how they wanted to be supported with their personal care, including the colour of the shower cap they preferred and toiletries they liked. This helped staff get to know people as individuals and provide support based on their preferences.

Records showed that care plans and risk assessments were reviewed regularly and updated whenever there was a change in people's needs. Staff told us they were kept up to date with any changes in people's needs through regular communication with the registered manager and reading the care plans in people's homes. Daily diary sheets completed by staff after each visit reflected that staff had provided the support to people that was recorded within their plans of care.

People were happy with the support provided to them and told us they were aware of the plans of care in place. Copies of the care plans were available in people's homes and the level of personal detail included showed people had been involved in the planning of the care package.

A member of the management team always went to meet people new to the service, before the service commenced. They completed detailed environmental risk assessments and discussed the support people required. Plans of care were then created and on the first visit, a member of the management team accompanied the carer to introduce them to the person and ensure they were fully aware of their needs.

The service provided flexible support to people to ensure their needs were always met. For instance, one person told us the staff agreed to come earlier than usual on one day to ensure they received their care prior to a family engagement they wanted to attend. Relatives we spoke with told us they were always kept fully informed if there were any changes to their family members care.

Although not responsible for the provision of activities, staff assisted people to access services and continue their hobbies if required. For example, one staff member ordered and collected tickets to a sporting event on one person's behalf and supported them to the event. This enabled the person to attend and enjoy the event.

The registered manager maintained a log book to record any complaints received. Records showed that no complaints had been made since the service commenced, however people we spoke with told us they knew how to make a complaint if they needed to. People felt any concerns would be taken seriously by the registered manager and addressed.

Staff did at times support people to meet their needs at the end of their life. The registered manager told us they worked in conjunction with district nurses during these times. Records showed that staff had recently completed palliative care training to help ensure they could support people effectively at these times. One person was receiving end of life support and a care plan was in place to inform staff how best to support the person.

The service was meeting the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. One person's care plan showed that they had a visual impairment and their service user agreement to the support in place had been provided in large print so they were able to see it and sign their agreement.

Is the service well-led?

Our findings

The registered provider had changed their address in May 2018 and submitted an incomplete application to change the location address, which was rejected. As a result, we found the location address was not correct at the time of this inspection in October 2018. The registered provider told us they were in the process of submitting another application to ensure the location address was updated.

The registered manager had notified the Care Quality Commission (CQC) of most events and incidents that occurred in accordance with our statutory requirements. However, there had been one incident that the registered manager had referred to the safeguarding team for investigation, but had not informed CQC about. We discussed this with the registered manager who assured us CQC would be notified of all safeguarding incidents. This meant that CQC would be able to monitor risks regarding the service.

The service had a registered manager in post. We asked people their views of how the service was managed and feedback from all people was positive. Staff told us they enjoyed working at the service and felt they were supported by the management team. Their comments included, "They not only listen but also act upon what is being said", "The support is very good", "They are very helpful", "So approachable", "Two of the nicest people I have ever worked for", "People get a good service", "I love the job itself, but [manager's] make it great. Nothing is too much trouble" and "[Manager's] are fantastic employers, they go above and beyond not only for their clients but also for their staff."

People using the service agreed that the service was well-led and told us they could contact the registered manager at any time if they had any concerns about the service they received.

Feedback regarding the service was gathered as part of people's individual review of care. Records showed that these were completed every few months and feedback from people regarding the service was positive. The registered manager had also developed a quality assurance survey that was due to be issued to people as a further means of gathering feedback.

Staff told us they were well supported and could raise any concerns they had with the management team at any time. No staff meetings had taken place yet and the registered manager told us this had mostly been due to the difficulty of getting all staff together in one place at the same time. They had however arranged a staff meeting to take place in December 2018.

The management team were aware of any day to day issues within the service as they completed a number of the care calls themselves to help ensure they were aware of people's current needs and that care plans reflected those needs. This meant that the registered manager lead by example and any changes could be communicated to staff in a timely way.

During the visit we looked at how the manager and provider ensured the quality and safety of the service provided. We viewed completed audits in areas such as medicine records and daily log sheets. Audits checked that these records had been completed fully and accurately and reflected that care provided

corresponded with the plan of care. Actions were recorded when improvements were required.

Staff at head office also completed a full audit each year which looked at the five domains CQC report under. It included a review of four people's care files, four staff files, complaints, policies, safeguarding, training, staff support systems, equality diversity and human rights issues and person-centred care. This had last been completed in October 2018 and identified improvements required in care plans and staff training files. We looked to see if the improvements had been made and found that they had. However, the audits did not identify the issues we highlighted regarding staff recruitment.

Registered managers from other Apollo franchises got together every few weeks to discuss issues or concerns, share any learning and update each other on best practice guidance. This showed that the registered provider took steps to share knowledge and continually learn.

The service had developed links and worked in partnership with other external agencies such as the local authority, safeguarding teams, district nurses and GP's. As many of the people supported by the service were receiving short term rehabilitation support the service worked closely with social workers who commissioned the care packages. This helped to ensure high quality, joined up care is provided.

Job descriptions were available to staff to ensure they knew exactly what was expected from them in their roles. This ensures staff will be accountable for their actions and behaviours. A range of policies and procedures were also in place, which guided staff in their work.